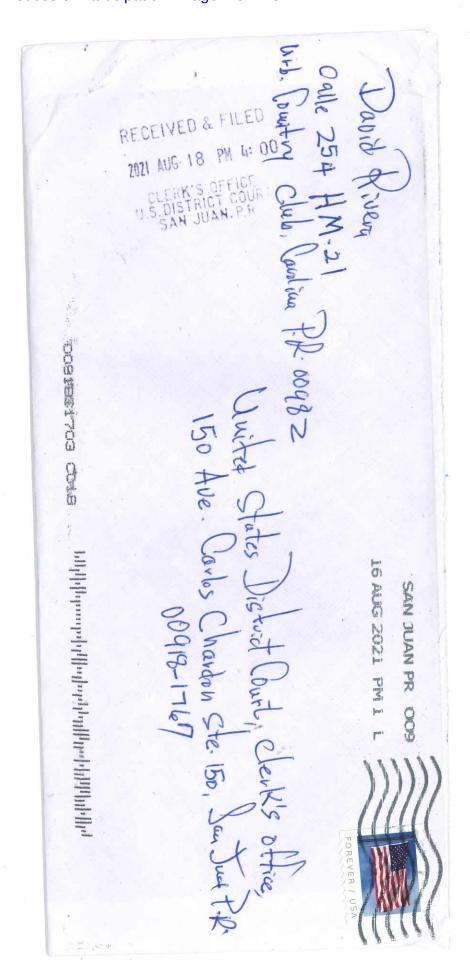
Case:17-03283-LTS Doc#:17895-1 Filed:08/19/21 Entered:08/19/21 16:05:05 Desc Pro se Notices of Participation Page 1 of 115

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:
Participant's Name: Lavid Livera Martine 2
Participant's Address: + M-21 254 u.h. Country Club, Garolina, P.R. 0098
Participant's Email Address: drud terasiona gwail. Com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 134599
Nature of Claim: Pensions/Retire Claims
By: Jane July
By: Jahren By: Signature David Vivey Wantine Z
Print Name
Title (if Participant is not an individual)
Date 8/14/202



Case:17-03283-LTS Doc#:17895-1 Filed:08/19/21 Entered:08/19/21 16:05:05 Desc: Pro se Notices of Participation Page 3 of 115

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
Participant's Name: Triscilla Calvente Narvaez
Participant's Address: Usb. Villa Barcelona D7 calle 3 Barcelone PR.
Participant's Email Address: prof. priscilla Oyahoo es
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 78132
Nature of Claim: Pass time of working in the Dept of Education
By: Signature
Priscille Calverte Narvoes
Print Name
Title (if Participant is not an individual)
August 17, 2021. Date

arcelonata P.R. 00617 PM 4: 00 Saralona D7 Calle 3 Sound Narvasz

Office, 150 Ave. (

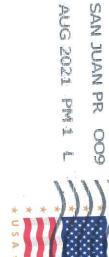
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Jan Juan, PR 00918-1767

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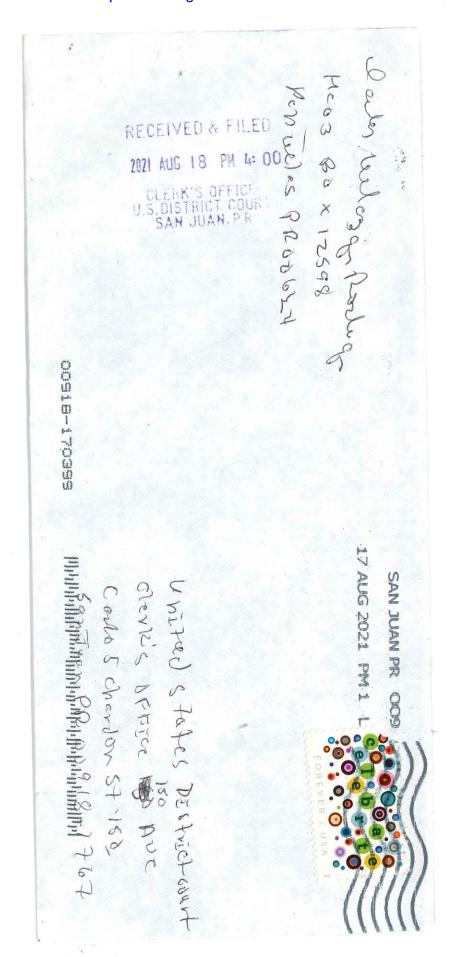
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Case:17-03283-LTS Doc#:17895-1 Filed:08/19/21 Entered:08/19/21 16:05:05 Pro se Notices of Participation Page 5 of 115

Participant must provide all of the information below in English:

	1. Particip if any:	ant's contact is	nformation,	including em	ail addres	s, and that o	f its co	ounsel,	
Particip	oant's Name:		an 1 8 5	Vela	gue	2 P.	~6 c	रे ९१	ne Z
Particip	oant's Address:			Box					
Particip	oant's Email Ad	dress:	No		= "				
Name o	of Counsel:	u I <u>rb</u>	No	2 " =					
Address	s of Counsel:		NO						
Email A	Address of Cour	nsel:	No						
	2. Particip	ant's Claim nu	mber and th	e nature of Pa	articipant'	s Claim:			
Claim N	Number:		104-	713		1)			
Nature	of Claim:	Pro	m165	TSTUTO	UT	no-17 6	3143	283 .	LTS
Ву:	Signature	svelazg	nez Ro	griques	in the soul w		70	20	- a
j	O abstuly Print Name	g Role	St-			SAN SAN	2011 AUG 18	GEIVE	
r teor and too	8 100	MO 111	, °			A CAR	00	% □	
	Title (if Particip	ant is not an ir	ndividual)			200	122	77	
-		10570 20	7)			27.	00		
j	Date								



Case:17-03283-LTS Doc#:17895-1 Filed:08/19/21 Entered:08/19/21 16:05:05 Pro se Notices of Participation Page 7 of 115

Participant must provide all of the information below in English:

	ontact information, including email address, and that of its counsel,
if any:	
Participant's Name:	Kamon O. Gonzalez Santano
Participant's Address:	HC 46 Box 00646 5436 Dora
Participant's Email Address:	ramn 2112@gmail.com
Name of Counsel:	12BK3283-LTS
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	laim number and the nature of Participant's Claim:
Claim Number:	
Nature of Claim:	Retirement (Retiro)
By: ' 1 -	S. S
Signature	\$ 50 E
· RAMON O. C.	EUNZALEZ SAJAM DANGE E E
Print Name	
	· · · · · · · · · · · · · · · · · · ·
Title (if Participant is	
August 16 Date	,2021

Prose Notices of Participation Page 8 of 115

During the years as governor of the

Puerto Rico Commonwealth of Puerto Rico,

Mr. Carlos Romero Barcelo, gave a salary

increase of \$100.00 Known as Law 89.

He never honored the salary increase.

Law Labor 89 of salary scale 164)

The amount owed is \$24,000.

Ramón O. Gonzalez Santana
H.C. 46 Box 5436
Dorado P.R. 00646-9612
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Clerk's
Clerk's
Clerk's

17 AUG 2021 FM 1

United States District Court's Clark's office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R

Case:17-03283-LTS Doc#:17895-1 Filed:08/19/21 Entered:08/19/21 16:05:05 Desc Pro se Notices of Participation Page 10 of 115

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any: Participant's Name: BOX 2000 Mercedita PRIDIS Participant's Address: Participant's Email Address: Mera 585@gmail. con Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: Nature of Claim: Title (if Participant is not an individual)

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CLERX'S OFFICE
U.S. DISTRICT COUNT
SAN JUAN, P.R.

United States District Court, Clerk's Office, 150 Ave. Carlos Charden St.

SAN JUAN PR 009

PMB 63 P.D. BOX 2000

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Case:17-03283-LTS Doc#:17895-1 Filed:08/19/21 Entered:08/19/21 16:05:05 Desc Pro se Notices of Participation Page 12 of 115

Participant must provide all of the information below in English:

1. Participant's if any:	contact information, including email address, and that of its counsel,	
Participant's Name:	Idalia Turione algeria	
Participant's Address:	POBOX 96 Luguello PROD 173)
Participant's Email Addres	s: idaliagoi egmail. com	
Name of Counsel:		
Address of Counsel:		
Email Address of Counsel		
2. Participant'	s Claim number and the nature of Participant's Claim:	
Claim Number:	17BK 3283-LTS	
Nature of Claim:		
By: <u>Idalia 1</u> Signature	mons Igosia	
Talia Di Print Name	rinones Iglesias	
	TRICE TO SEE AND TRICE	
Title (if Participant	is not an individual)	
08-12-0	2021	
Date		

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U.S. DISTRICT COUP
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Case:17-03283-LTS Doc#:17895-1 Filed:08/19/21 Entered:08/19/21 16:05:05 Desc: Pro se Notices of Participation Page 14 of 115

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

if any:
Participant's Name: Norberto Morales urb. Parque de candelero 1724Lubina Humacao, P.R.00791
Participant's Address: 1724 Lubina Humacao, P.R.00791
Participant's Email Address: Papo 4902 agmail.com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 17 BK 3283-LTS
Nature of Claim:
By: Norberto Morales Narberto Morales
Signature Signature
By: Norberto Morales Norberto Morales
Print Name
And the second s
Title (if Participant is not an individual)
08-11-2021
Date

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Case:17-03283-LTS Doc#:17895-1 Filed:08/19/21 Entered:08/19/21 16:05:05 Desc Pro se Notices of Participation Page 16 of 115

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

II ally.	
Participant's Name:	Mildred Casiano Rivera
Participant's Address:	HCO1BOX 31098 Juana Diaz P.R.00793
Participant's Email Address:	Mildred 2 casis @gmail.com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	Claim number and the nature of Participant's Claim:
Nature of Claim: Gat By: Mildred Co Signature Print Name	approved Claim during course of said years they have not paid Messille of the said years asianu Rivera
Title (if Participant is	not an individual)
14 Waasta	1606

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SAN JUAN PR 009

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United State District Court

Clerk's Office

Jan Juan P.R. 00918-1767

150 Ave. Carlos Chardon Ste 150

Case:17-03283-LTS Doc#:17895-1 Filed:08/19/21 Entered:08/19/21 16:05:05 Pro se Notices of Participation Page 18 of 115

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:
Participant's Name: Sonia Raices Gonzalez
Participant's Address: HC-130/31338 Juana Diaz P.R. 00795-975
Participant's Email Address: Sonia y Elving a hot mail com
Name of Counsel: I don't have a Counce
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: No. 17 BK 3283-LTS = = =
Nature of Claim: I am setived Fr. Deparment of Education
By: Ania taile though
Signature
Print Name
Title (if Participant is not an individual)
Date 9 17, 2021



Case:17-03283-LTS Doc#:17895-1 Filed:08/19/21 Entered:08/19/21 16:05:05 Desc: Pro se Notices of Participation Page 20 of 115

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name: Wisfrado Roo	Intquaz Jorras
Participant's Address (1th Artallista N	31. CAUD 16 TONCO P. R. 00
Participant's Email Address: Wastemisa @	gmale. com marcadita,
Name of Counsel:	
Address of Counsel:	= 1 20
Email Address of Counsel:	
2. Participant's Claim number and the nature of	f Participant's Claim:
Claim Number: 106463	a And Ponsler/Rating
Nature of Claim: Labele Emproya	a And Fonsler / Rating
By: Let Mila	7021 U.S.
Signature	ZEZI NUG CLENY SAN
Print Name	STREET OF DEED
Participant	AN OFFICE SECTION
Title (if Participant is not an individual)	AND SEED
14- Agosto-2021	6
Date	

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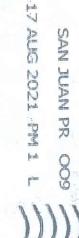
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Cuark's Coffice Chardonsto 150 Rule: Carras Chardonsto 150 Rule: Carras Chardonsto





Participant's contact information, including email address, and that of its counsel.

Participant must provide all of the information below in English:

1.

Participant's Name:

Participant's Address:

Participant's Email Address:

Participant's Email Address:

Name of Counsel:

Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Romera 50

By:

Ricardo Cruz Torres

Print Name

Title (if Participant is not an individual)

August 17, 2021

Penuelas, P.R. 00624 P.O. Box 354 DOG 10-170025 San Juan, P.R. 00918-1767 -arlos hardon Ste. 150 ce, 150 Ave. 17 ALG 2021 PM 1 SAN JEAN PR 009 FOREVER / USA

Case:17-03283-LTS Doc#:17895-1 Filed:08/19/21 Entered:08/19/21 16:05:05 Desc: Pro se Notices of Participation Page 24 of 115

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

Participant's Name:

Participant's Address:

Po. Box 354 Tallaboa Atta Sectorla Moca Cavretere 520 KM 1.5 reavel-5, P. R. 00624

Participant's Email Address:

Y Cru2 - 148 Yahoo. Com

Name of Counsel:

Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

79581

Nature of Claim:

Romeraso

By:

Ricardo Cru2 Torres

Print Name

Title (if Participant is not an individual)

August 17, 2021

P.O. Box 354
Penvelas, P.R. 00624 Ricardo Cruz Torres LERK'S OFFIC DISTRICT CO SAN JUAN. P. 00910-170020 San Juan, P.R. 00918-1767 Carlos Chardon St-150 Clerk's of 17 AND 2021 PM 1 SAN JUAN PR 009 Case:17-03283-LTS Doc#:17895-1 Filed:08/19/21 Entered:08/19/21 16:05:05 Desc: Pro se Notices of Participation Page 26 of 115

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

Participant's Name:	Hildred Casiano Rivera		
Participant's Address:	HOOI BOX 31098 Juana Die	az P.R	00795
Participant's Email Address:	Hildred 2 Casis @ gmail . co	m	
Name of Counsel:			
Address of Counsel:			
Email Address of Counsel:			
2. Participant's C	laim number and the nature of Participant's Claim:		
By: Mildred Claim: Said (Signature)	97410 approved claim during the or years that they have not go sianu Rucius Sianu Rivera	Daid Aug 18 PH 3: 56	nelyed & Fi

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CLERK'S OFFICE

SAN JUAN PR 009

Clerk's Office 150 Ave. Carlos Chardon Ste 150 Sam Juan P.R. 00918-1767

United State Districk Court

Case:17-03283-LTS Doc#:17895-1 Filed:08/19/21 Entered:08/19/21 16:05:05 Desc Pro se Notices of Participation Page 28 of 115

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:				
Participant's Name:	Mildred Casi	iano Rivera	2	
Participant's Address:	HOOI BOX 310	98 Juana	Diaz 1	P.R.007
Participant's Email Address:				
Name of Counsel:				
Address of Counsel:			11. +g 3	
Email Address of Counsel:			F	
Claim Number: Lawa 1 Chart Nature of Claim:	laim number and the nature proved claim du hey have not p	uring the co	urseion	-said C
By: Meldred Co Signature	siano Rivera	CUAN, PATE	D&FILED 18 PM 3: 57	
Title (if Participant is	not an individual)			
14 Agosto Date	2021			

Mildred Casiano Kivera Heoi Box 31098 Juama Díaz P.R. 00795

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xn Juan P.R. 00918-1767

Carlos Chardon Ste 150

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Case:17-03283-LTS Doc#:17895-1 Filed:08/19/21 Entered:08/19/21 16:05:05 Pro se Notices of Participation Page 30 of 115

Participant must provide all of the information below in English:

1.

 Participant's of if any: 	contact information, including email address, and that of its counsel,
Participant's Name:	Mildred Casiano Rivera
Participant's Address:	HODI Box 31098 Juana Diaz, P.R. 00795
Participant's Email Address:	Mildred 2 Casis Q g mail. com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	Claim number and the nature of Participant's Claim:
By: Mildred Considered	not an individual)
14 Wgosto Date	2021

2021 AUG 18

CLERK'S OFFICE U.S. DISTRICT COUR SAN JUAN, P.R

HCOIBOX 31098 Juana Díaz, P.R. 00795

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Wildred Casiano Kivera

United State District Court Clerk's Office San Juan P. R. 20918-1767 150 Que Carlos Chardon Ste 150

17 AUG 2021 PM 1 SAN JUAN PR 009



Case:17-03283-LTS Doc#:17895-1 Filed:08/19/21 Entered:08/19/21 16:05:05 Desc Pro se Notices of Participation Page 32 of 115

Participant must provide all of the information below in English:

	contact information, including email addre	ess, and that of its counsel,
if any:	7	2
Participant's Name:	Lymarie Kolon Ko	∧ -
Participant's Address:	RR05 BOX 7678 TO	
Participant's Email Address	· lymorierramos dy	ahou.com
Name of Counsel:	Departamento de E	ducación
Address of Counsel:	Departamento de E #150 Federico Costa	San Juan 00918
Email Address of Counsel:	de 71365 Dakgov	
2. Participant's	Claim number and the nature of Participa	nt's Claim:
Claim Number:	17BK3283-LTS	
Nature of Claim:	Financial Oversight	PROMESA VITLETTI
By: Lymane &	Hon Lamos	
Signature	The state of the s	the state of the s
Lymanie Ro	Jon Ramos	= B
Print Name	plention if constant carry	S D N
		200 B B B B B B B B B B B B B B B B B B
Title (if Participant	is not an individual)	UACH &
August 11,2	021	
Date		\$ 5 E
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Case:17-03283-LTS Doc#:17895-1 Filed:08/19/21 Entered:08/19/21 16:05:05 Pro se Notices of Participation Page 34 of 115

Participant must provide all of the information below in English:

1. Participant's c	ontact information, including email address, and that of its counsel,
if any:	Elda L. Ortiz Nunez
Participant's Name:	
Participant's Address:	Urb. Los Flamboganes 445 calle Almondro Couraho, Pr
Participant's Email Address:	eartiz4360 gahoo. com Gurano, 170
Name of Counsel:	Outcome.
Address of Counsel:	
Email Address of Counsel:	.v.(DOD)
2. Participant's C	laim number and the nature of Participant's Claim:
Claim Number:	PROMETE, COMP.
Nature of Claim:	Dinero del Retiro (Empleodu publice gobierno de P.n.)
Signature	
Elda 1	not an individual)
Print Name	* * * * * * * * * * * * * * * * * * *
	Manual Services of the Control of th
Title (if Participant is	not an individual)
111 00 1	Ten w E
Date	0 2021

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San Juan, P. N. 00918-17467

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Case:17-03283-LTS Doc#:17895-1 Filed:08/19/21 Entered:08/19/21 16:05:05 Desc Pro se Notices of Participation Page 36 of 115

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name:	Elizabeth De Jeseis Cruz
Participant's Address:	Elizabeth De Jeseis Cruz 30 Veredas del Rio, C-221, Carolina Moogen-8
Participant's Email Address	s: ellie de jesus@yahoo.com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
Participant'sClaim Number:	S Claim number and the nature of Participant's Claim: 17 BK 3283 - LTS
Nature of Claim:	Salary Adjustment
- 010 1	e Jesus Cruz
Print Name Title (if Participant	is not an individual)
$\frac{08-13-2}{\text{Date}}$	2021

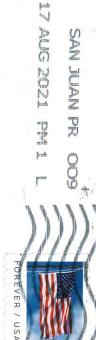
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CLERK'S OFFICE
U.S. DISTRICT COUR
SAN JUAN, P.R.

30 Veredas del Rio C221 Carolina, PNOO987-8750

UNITED STATES DISTRICT COURT CLERK'S OFFICE 150 AVE CARLOS CHARDON STE ISD SAN JUAN, PN OPPIE-1789



Case:17-03283-LTS Doc#:17895-1 Filed:08/19/21 Entered:08/19/21 16:05:05 Desc Pro se Notices of Participation Page 38 of 115

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any:		
Participant's Name:	Rosa Valentin Matias	00
Participant's Address:	Urb. Villa Toledo 126 calle Umbral Areciba	P.K.
Participant's Email Address:	rosavalentin 2009a) hotmail com	
Name of Counsel:		
Address of Counsel:		
Email Address of Counsel:		
2. Participant's C	Claim number and the nature of Participant's Claim:	
Claim Number:	No. 17 BK 3283-LTS	
Nature of Claim:	Promesa Título III	
By: <u>hosa Valent</u>		
Signature		
Rosa Vale	whin Selection and the selecti	
Print Name	not an individual)	
Title (if Participant is	not an individual)	
agosto 10	9/2021	
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Case:17-03283-LTS Doc#:17895-1 Filed:08/19/21 Entered:08/19/21 16:05:05 Desc: Pro se Notices of Participation Page 40 of 115

Participant's contact information, including email address, and that of its counsel.

Participant must provide all of the information below in English:

if any:	•
Participant's Name:	Jesus Manuel Vazquez Ferrer
Participant's Address:	Box Prente Jobos, Com. Miramer 49, Grayama, P.R.
Participant's Email Address:	nla
Name of Counsel:	nla
Address of Counsel:	n/a
Email Address of Counsel:	
2. Participant's C	laim number and the nature of Participant's Claim:
Claim Number:	169649
Nature of Claim:	
By: Jesus M. Vo Signature	jan/Jenn SSUL BENED
Tesus M. Va Print Name	equez ferrer
Title (if Participant is a Date)	not an individual) H, 909/

16 AUG 2021 PM 1 L SAN JUAN PR 009

Juan, F.R. 00918-1767 office 150 Ave. Carlos Chardins

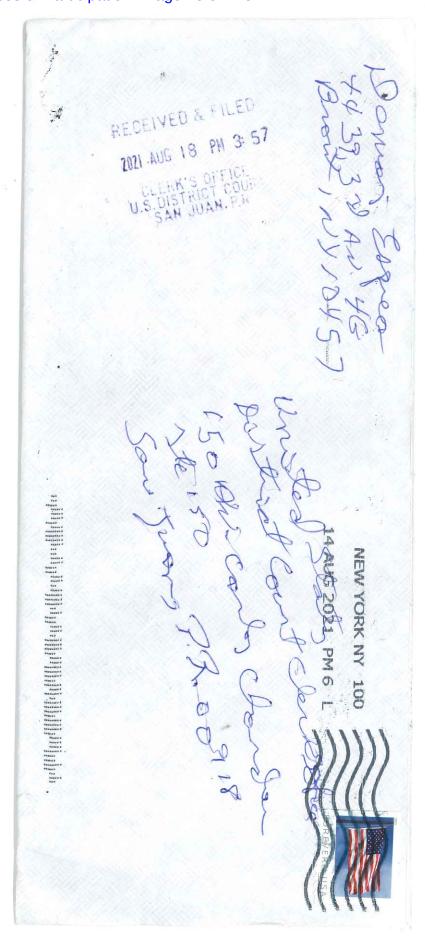
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Case:17-03283-LTS Doc#:17895-1 Filed:08/19/21 Entered:08/19/21 16:05:05 Desc: Pro se Notices of Participation Page 42 of 115

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

if any:	Do e		
Participant's Name:	Damons Copies		A 151
Participant's Address:	4439.3 DAN-96 Bron	LINY 1	075
Participant's Email Address:	Esques 082369 mas	I Com	
Name of Counsel:			
Address of Counsel:		. 1	<u> </u>
Email Address of Counsel:	T. Barrions		
2. Participant's C	Claim number and the nature of Participant's C	Claim:	
Claim Number:	1 1 1 H H 1 1 - 4 4 H 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	HARRY .	
Nature of Claim:	es alto atmosfer trains or in ordina	4500 C 1070 U	
By: Signature	Esque	CLEIN SAN	EOLIV
DAMARIS	ESQUEA	TRICK TO	6 ED
Print Name	periors, access using members. If the large	Land A They	200
Des miles	Office advantages to the West and Section 1	平宝兴	3 D
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Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

articipant's Name: Wilka H. Ge 20 him
articipant's Address:
articipant's Email Address: Oje 20 m 2018 @ auto look. Com
ame of Counsel:
ddress of Counsel:
mail Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
laim Number:
ature of Claim:
y: Wuks M. yet hi
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y: Nuks M. yed hi Signature Print Name
y: Nuks N. ged hi Signature Print Name Print Name
y: Nuks M. yed hi Signature Print Name Title (if Participant is not an individual)

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Case:17-03283-LTS Doc#:17895-1 Filed:08/19/21 Entered:08/19/21 16:05:05 Desc: Pro se Notices of Participation Page 46 of 115

Participant must provide all of the information below in English:

1. Participant's c if any:	ontact information, including email address, and that of its counsel,
Participant's Name:	Carmen Jargas Horales
Participant's Address:	Urb Nuevo Hameyes calle la Joya A-
Participant's Email Address:	cambro 79 a gmail com
Name of Counsel:	NIA Zero 9 0 mai 1. Com
Address of Counsel:	NA
Email Address of Counsel:	NA
 Participant's C Claim Number: Nature of Claim: 	Claim number and the nature of Participant's Claim: 50434 Claim Ley fromesa
By: Carmen Va Signature Carmen V Print Name Title (if Participant is 8/5/20 Date	argas Morales October San Juan Received & File Day File

Calle La Jour Nameyes

Calle La Jour Nameyes

CLERK'S OFFICT COUNTY AG

COUNTY

Inited States District Court, Cler Office, 150 Ave Carlos Chardón Ste 150 SAN Juan, P. R. 00918-1767

Case:17-03283-LTS Doc#:17895-1 Filed:08/19/21 Entered:08/19/21 16:05:05 Desc Pro se Notices of Participation Page 48 of 115

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

ii diiy.
Participant's Name: Jose E. Cruz Biver
Participant's Address: Ulb Fajard GDNS 426 Calle Nord Fajard H.
Participant's Email Address: <u>edworderuzo7222qmail</u> . Com
Name of Counsel: Prime Clerk LLC
Address of Counsel: PO BOX 4708 New York, NY 10163-4708
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 57037 5590
Nature of Claim: Engloyces letinenant System of the Commonwead of Commonwead
By: Signature
Ise Edward Cruz Rivere
Print Name
Title (if Participant is not an individual)
Date / / 2021

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CLERK'S OFFICE U.S. DISTRICT COURT SAN JUAN, P.B.

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SAN JUAN PR 009

Case:17-03283-LTS Doc#:17895-1 Filed:08/19/21 Entered:08/19/21 16:05:05 Desc: Pro se Notices of Participation Page 50 of 115

Participant must provide all of the information below in English:

1. Participant's contact information, includin	g email address, and that of its counsel,
if any:	Parl
Participant's Name:	ly termonal
Participant's Address: Urb luidal University	esitura Celle 9 Este 65 1.a.
Participant's Email Address: 1415 rene 1989	Thotmail.com
Name of Counsel: N/ω	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature	of Participant's Claim:
Claim Number: 19 BK 35 66 LT	15 - 9486
Nature of Claim:	
By: Janua Vincenty Franks	ZEZI U.S.
Print Name	ECEIVED &
Title (if Participant is not an individual)	
Date	the second of th

1845 5R7 55 176 Packled 314698 SAN JUAN PR 009

Case:17-03283-LTS Doc#:17895-1 Filed:08/19/21 Entered:08/19/21 16:05:05 Desc Pro se Notices of Participation Page 52 of 115

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

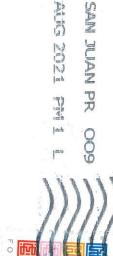
if any:
Participant's Name: Avelys Accredo Acevedo
Participant's Address: Villa Soigal Street 5 5 Mendez Cardona #815.
Participant's Email Address: acevero avely 5 2@gm ail .com
Name of Counsel: Velez Bosa Lydia and others RPE 1980-1238
Address of Counsel: TPI San Tuan beorgett; 78 San Tuan P
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 30634
Nature of Claim: Damages
By: dely dends dends
Signature
Signature Ary Acevedo Acevedo Print Name
¢
Title (if Participant is not an individual)
August 11, 2021.
Date /

AUG 18 PM 3#580]

CLLRK'S OFFICE COURT
SAN JUAN. P.R. Jilla Soigal 5 calle J Mendez 28900 -4.5

ADDRESS OF THE PARTY OF THE PAR

IN CARRY AND A PROPERTY SanJuar, P.A. 00918-1767 Carlos Chardon Ste. 150, levk's office, 150 Ave.



齫 Case:17-03283-LTS Doc#:17895-1 Filed:08/19/21 Entered:08/19/21 16:05:05 Desc: Pro se Notices of Participation Page 54 of 115

Participant must provide all of the information below in English:

	contact information, including	g email address, and that of its	s counsel,
if any: Participant's Name:		Camacho Loza	
Participant's Address:	HC 80 Box 8	276 Dorado P	R00646
Participant's Email Address:			
Name of Counsel:	N/A		
Address of Counsel:	NIA		
Email Address of Counsel:	NIA		
2. Participant's	Claim number and the nature	of Participant's Claim:	92
Claim Number:	191703		4
Nature of Claim:		17. S. L.	
By: Unu E	Convelio Lo	wer = 5	B
Signature		A. P.	8
Ana E Car	nacho Lozada	20 ω	
Print Name		3 5	E
Title (if Participant is	not an individual)		
August 15	2021		

<u>Instructions for Filing Notice of Participation</u>: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Date

Case:17-03283-LTS Doc#:17895-1 Filed:08/19/21 Entered:08/19/21 16:05:05 Desc: Pro se Notices of Participation Page 55 of 115

Nature of Claim

Under the responsability of Governor of Ruerto Rico, Carlos Romero Barceló (law 89) during the years 1980-1984, an increase know as (Romero so) was granted for the amount of \$100.00 dollars per month, which I did not received until the year retirement in 2001, and even still I have not received them.

Also during the years 1984-1997, was granted 3% every three years to increase the Salary, which I never received until this moments.

Labor Law #9

D & FILED Juan, PR.009-18-1767

Chardon 5 Te



Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name:	Jenny I. Del Valle Pagan
Participant's Address:	Estancias de San Pedro C/san Lucas I-56 Fa
Participant's Email Add	dress: Spy 27745@ amail.com
Name of Counsel:	M/A
Address of Counsel:	Ma
Email Address of Coun	isel: 71/4
2. Participa	ant's Claim number and the nature of Participant's Claim:
Claim Number:	125245
Nature of Claim:	Pension Retiree
By: Jerus D. Signature	el Valle Pagoi
Jenny I.D Print Name	del Valle lagain
Finit Peanle	28 S8 E
Title (if Particip	pant is not an individual)
15 Jago	05to/2021



Case:17-03283-LTS Doc#:17895-1 Filed:08/19/21 Entered:08/19/21 16:05:05 Desc Pro se Notices of Participation Page 59 of 115

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

if any:	
Participant's Name:	Silvette Saliceti Seguluda
Participant's Address:	PO Box 10046 Ponce P.R. 00732
Participant's Email Address:	P18 Sepulveda De mail. com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	231//
Nature of Claim:	Sistema du Refiro de los Empleados
By: Signature	aluti 500
Silveffe Sa Print Name	locofi
rimit ivame	
Title (if Participant is	not an individual)
17/9525/Date	7071

.00732

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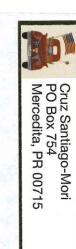
Case:17-03283-LTS Doc#:17895-1 Filed:08/19/21 Entered:08/19/21 16:05:05 Desc Pro se Notices of Participation Page 61 of 115

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: Cruz A. Santiago Mori 33 GG13 Jardines del Caribe, Ponce, P.R Participant's Name: Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: No. 17 BK 3283-LTS Claim Number: Nature of Claim: Cruz A. Santiago Mori Print Name Promesa Title 111 Agosto 10, 2021



San Juan, P. R. 08918-1767



Case:17-03283-LTS Doc#:17895-1 Filed:08/19/21 Entered:08/19/21 16:05:05 Desc: Pro se Notices of Participation Page 63 of 115

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:		
Participant's Name:	Sandre Cedarze Claudio	1.924
Participant's Address:	AC 60 Box 42705 Sandorenzo Pha	9-4200C
Participant's Email Addre	ess: Sandy-ozh @hottail. Com	
Name of Counsel:	Contract to the second	
Address of Counsel:		2
Email Address of Counse		
2. Participant	t's Claim number and the nature of Participant's Claim:	
Claim Number:	24972	
Nature of Claim:	felirement Claim (Promesa Title)	(III
By: School	adaye Oou	
Signature	to on the Colombian was how an absolute and the ear of a	does.
Print Name	New York Charles and the second secon	U.S.D.
		- 325 - 325
Title (if Participan	t is not an individual)	398
Cugust 1	5 2021	
Date	E-	100

Cherks Office,
150 Cure. Coulos Cher
Ste. 150,
Ste. 150,

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Case:17-03283-LTS Doc#:17895-1 Filed:08/19/21 Entered:08/19/21 16:05:05 Desc: Pro se Notices of Participation Page 65 of 115

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel, if any: Myriam Sosa Leon Participant's Name: Hc 03 Byzon 11167 Juana Diaz P.R. 00795 Participant's Address: Participant's Email Address: 505@myriam54@qmail.com Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: 78868 Is in other paper Nature of Claim: Title (if Participant is not an individual)

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in In re Commonwealth of Puerto Rico, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Hugust 16, 2021

Nature of Claim

I am claiming the amount of \$17,200 that correspond to my pension from the time I worked as a teacher.

Juana Mas, P.B. 00795

5.5

150 Une Carlos Chardon Ste. 150

San Juan P.R. 00918-1767

States District Court, Clerk's Office to the Court's clerk's affice at

000

Case:17-03283-LTS Doc#:17895-1 Filed:08/19/21 Entered:08/19/21 16:05:05 Desc Pro se Notices of Participation Page 68 of 115

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name:	Virginia Hernandez Perez
Participant's Address:	D. O. BOX 9021765 Gan Juan, PR 00902-1765
Participant's Email Address:	Vickyhp@live.com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's	Claim number and the nature of Participant's Claim:
Claim Number:	NO. 17 BK 3283 LTS
Nature of Claim:	The Employees Retirement Gystem of the Coverment of the Communwealth of Duerto Rico
By: Vigoria New	aires Deres
Signature	WOL
Virginia Hen Print Name	ngndez Verez
Title (if Participant i	s not an individual)
15 / august 1	2021
Date	

San Juan, PA 60902-1765

00918-170625

United States District Court Clerks Office 150 Avr. Carlos Charden Ste 15

2021 AUG 18 PM 5: 53

RECEIVED AND FILED CLERK'S OFFICE U.S. DISTRICT COURT SAH JUAN, PR





Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: P.O. Bux 912 Trujillo alto, DR 00977 Participant's Name: Participant's Address: Participant's Email Address: magalyroman 48 @ gmail. com Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: Emplyees Betweent System Nature of Claim: Title (if Participant is not an individual) 15 agos to 2021

P. 6 Box 912 Trujillo Q/h, P/2 60977

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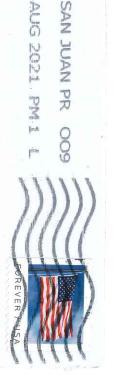
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Gan Tuan, PR 00918

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Case:17-03283-LTS Doc#:17895-1 Filed:08/19/21 Entered:08/19/21 16:05:05 Desc Pro se Notices of Participation Page 72 of 115

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:
Participant's Name: Daisy Vazquez Ayala Participant's Name: Daisy Vazquez Ayala
Participant's Address: 5306 Town Paric Calle Cerrillo AA7 Chnovaras P.R 20729
Participant's Email Address: daisy vazquez 67 a) yahoo com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim: No. 17 BK 3283 - LTS
Nature of Claim: The Commonwealth of Prento Rico The employees The Commonwealth of Prento Rico The employees Tetirement system of the government of the Common wealth of Prento
Signature Daisy Vázquez Ayala Print Name
Print Name
Title (if Participant is not an individual)
08/15/2021
Date /
Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice

BOG Town furll alle Cerrillo AA-7 Convare, p. D. 00724

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gan Juan, PR. 00918-1767

50 Ave. Carlos Chardon Ste. 150

Case:17-03283-LTS Doc#:17895-1 Filed:08/19/21 Entered:08/19/21 16:05:05 Desc: Pro se Notices of Participation Page 74 of 115

Participant must provide all of the information below in English:

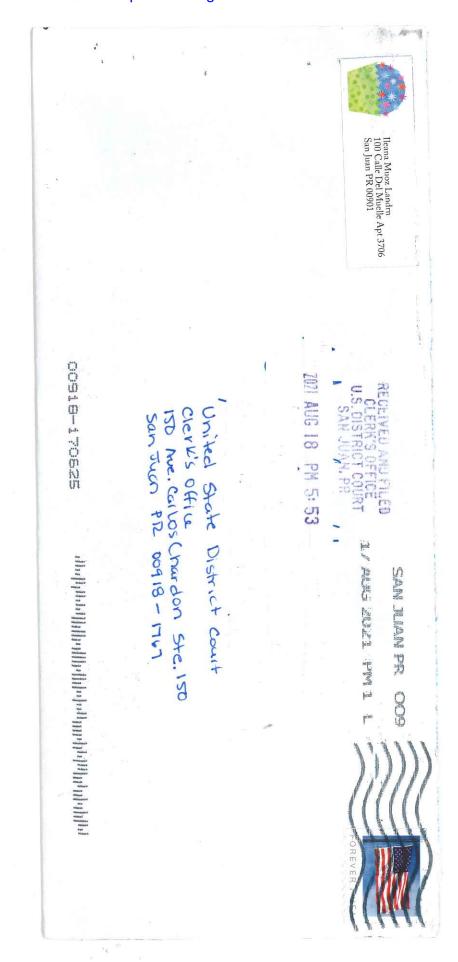
1.	Participant's contact information if any:	, including email	address, and that	of its counsel,
	n any.			

Participant's Name: Ileana minor Landron
Participant's Address: Calle del Muelle #100 Apt. 3706 San Juan PR DOGOI
Participant's Email Address: ile universidad e yahoo.com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number:
By: Signature
Print Name
Title (if Participant is not an individual)
Title (if Participant is not an individual)
Date Co

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in In re Commonwealth of Puerto Rico, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

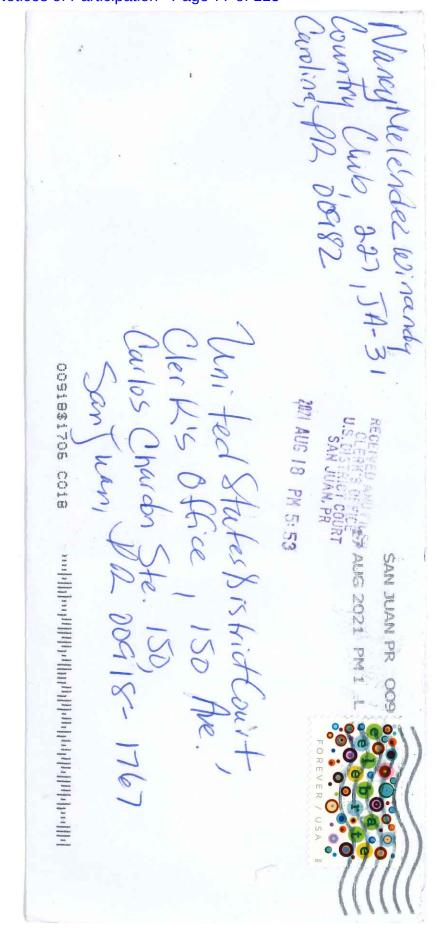
210720V2 CONFIRMATION DISCOVERY PROCEDURES NOTICE

VERSION JULY 20, 2021



Case:17-03283-LTS Doc#:17895-1 Filed:08/19/21 Entered:08/19/21 16:05:05 Desc: Pro se Notices of Participation Page 76 of 115

Participant must provide all of the information below in English:



Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

n any.		
Participant's Name:	Zulma Fuentes Rivera	6
Participant's Address:	PO BOX 372193 CAYEY 00737-2193	s.
Participant's Email Address:	luis.luna@gmail.com	6
Name of Counsel:	N/A	e e
Address of Counsel:		Ē.
Email Address of Counsel:		e.
2. Participant's C	laim number and the nature of Participant's Claim:	
Claim Number:	102974	P
Nature of Claim:	Pay raises and retirement amounts not honored. Will settle for	\$25,000.
Signature Zulma Fuentes Rive		
Rrint Name		
Title (if Participant is a	not an individual)	
August 1, 2021	्र	1 多男品产

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

210720V2 CONFIRMATION DISCOVERY PROCEDURES NOTICE

ZULMA FUENTES PO BOX 372193 CAYEY PR 00737-2193

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SAN JUAN PR



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CLERK'S OFFICE 150 AVE CARLOS CHARDÓN STE 150 SAN JUAN PR 00918-1767

UNITED STATES DISTRICT COURT

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Case:17-03283-LTS Doc#:17895-1 Filed:08/19/21 Entered:08/19/21 16:05:05 Desc: Pro se Notices of Participation Page 80 of 115

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
Participant's Name: Andres Mendiavren Alvarez T
Participant's Address: Calle del muelle 400 apto 3301 San a
Participant's Email Address: <u>andres mendiquen(a) hot mail</u> co
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 17BK3283-LTS (17-328
Nature of claim: Discovery or Commonwealth Plan Confirmation in
By: Signature ()
andres Mendigaren Alvarez Puerto Lico
Print Name
n/a
Title (if Participant is not an individual)
August 12, 2021
Date
Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice
must be filed electronically with the Court on the docket using the CM/ECF docket event Notice
The state of the s

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Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

ii any:		
Participant's Name:	men M. Conde Ares	60759
Participant's Address:	20 Box 26282 San Loven	.70, PR.
Participant's Email Address:	ndeacede prigor	
Name of Counsel:	Jone	
Address of Counsel:	None	
Email Address of Counsel:	Nowe	
2. Participant's Claim	number and the nature of Participant's Clair	m:
Claim Number: 10	07931	02
Nature of Claim:	dary and pension	ř
By: Larmon & Cono	le ares	
Signature	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	2
Print Name	ide Aves	7071 A
1 Int ivame		S. DIS SAH
Title (if Participant is not ar	n individual)	∞ <u>€</u>
Title (II Farticipant is not at	ii iiidividdai)	로 로너워를
August, 16, 20-	21	ल इंड्रेस
Date		52 7 6

San Lorenzo, P. R. 00754 17. AUG 2021 PM 1 Carmen M. Conde Ares HC20 Box 26282 SAN JUAN PR 009 R.00918-1767

Case:17-03283-LTS Doc#:17895-1 Filed:08/19/21 Entered:08/19/21 16:05:05 Desc: Pro se Notices of Participation Page 84 of 115

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name: Carmen M. Conde Ares	
Participant's Address: HCSO Box S6382 San Lovenzo P. R.	0075x
Participant's Email Address: Condeace de .pr. 900	
Name of Counsel: Now e	<u> </u>
Address of Counsel: No we	de si
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant's Claim:	
Claim Number: 12 3925	
Nature of Claim: Salary and pension	7 071
By: Carmon Hy. Conde dres	S. DIS
Signature	∞ = 0
Carmen M. Conde Ares	PH
Print Name	5 20
	52
Title (if Participant is not an individual)	
Augus + 16, 2021	
Date /	



Case:17-03283-LTS Doc#:17895-1 Filed:08/19/21 Entered:08/19/21 16:05:05 Desc: Pro se Notices of Participation Page 86 of 115

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:
Participant's Name: Owner M. Conde Avos
Participant's Address: HC20 Box 26282 San Lovenzo, P.R. 00754
Participant's Email Address: Condeacede, pr. 50 V
Name of Counsel: Nowe
Address of Counsel: Now e
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 167937
Nature of Claim: Salary and Pension
By: Carmen & Coude dues
Signature
Carnen M. Conde Ares
Print Name
Title (if Participant is not an individual)
A division of the contract of
Date Date



Case:17-03283-LTS Doc#:17895-1 Filed:08/19/21 Entered:08/19/21 16:05:05 Desc: Pro se Notices of Participation Page 88 of 115

Participant must provide all of the information below in English:

if any:	contact information, including email	address, and that of its counsel,
Participant's Name:	Carmen M. Cone	117/11
Participant's Address:	HC 30 BOX 26382 3	San Lovenzo, P.R.
Participant's Email Address:	condeacede-pr.90	V
Name of Counsel:	None	
Address of Counsel:	None	
Email Address of Counsel:	None	
2. Participant's	Claim number and the nature of Part	ticipant's Claim:
Claim Number:	167924	20 20
Nature of Claim:	Salary and	Pensione & A
By: Parmen M. Carmen M.	Conde Ares	/ED & FILL 18 PN 3: K'S OFFICE TRICT COU- TRICT COU-
Print Name	Face Color of the Color of th	46
Title (if Participant is	not an individual)	
Angust 14	,2021	



Case:17-03283-LTS Doc#:17895-1 Filed:08/19/21 Entered:08/19/21 16:05:05 Desc Pro se Notices of Participation Page 90 of 115

Participant must provide all of the information below in English:

Participant's contact information, including 'email address, and that of its counsel,

1.

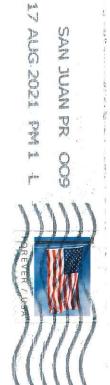
if any:	
Participant's Name: Luz Z. Collazo Santos	2
Participant's Address: Urb, Quinta del Rio Plaza 19	8 J-5 Bayamon, t
Participant's Email Address: <u>luzColsan</u> @ yahoo : Com	
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant's Claim:	
Claim Number: 70426	
Nature of Claim: Public Employee and Pension	Retiree Claims
By: Juz 3. Collizo Sontos Signature	
Luz Z. Collazo Santos Print Name	NECELIA ME OLERANS SAN JII
Title (if Participant is not an individual)	PM 5
August 10/21 Date	52
<u>Instructions for Filing Notice of Participation</u> : If you are represented by counse must be filed electronically with the Court on the docket using the CM/ECF docke of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in <i>In r</i>	et event Notice

Quinta del Rio J-5 Plaza Dieciocho Bayamón, P.R. vo 961

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San Juan, P.R. 00918-1767 50 Ave. Carlos Chardon Ste. 150

2021 AUG 18



Case:17-03283-LTS Doc#:17895-1 Filed:08/19/21 Entered:08/19/21 16:05:05 Pro se Notices of Participation Page 92 of 115

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel, if any: Participant's Name: Participant's Address: Participant's Email Address: _C Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: Nature of Claim: By: Title (if Participant is not an individual) 17, 2021

Bayamon P. R 00956

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Inited States District Court Clerk's Office 150 Ave. Carlos Chardon Ste. 150 San Juan P. R. 00918-1767

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Case:17-03283-LTS Doc#:17895-1 Filed:08/19/21 Entered:08/19/21 16:05:05 Desc Pro se Notices of Participation Page 94 of 115

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name:	Carmen D. Ortiz Colon
Participant's Address:	220 Sec. Monte Verde Cidra, P.R. 00139
Participant's Email Address:	delia-ortes 3 @ hot mail-com.
Name of Counsel:	- · · · · · · · · · · · · · · · · · · ·
Address of Counsel:	·
Email Address of Counsel:	- printed (
2. Participant's 0	Claim number and the nature of Participant's Claim:
Claim Number:	± nactive paymente salary increase under the laws.
Nature of Claim:	Romendes Law 89, Law 96-2002, law 164 3033 Jaw 109
By: Soul	Ku Ber
Signature Carmen Dorha	z Colón
Print Name	2 444
Title (if Participant is	
Date Date	9 2 1

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San Juan, Puerto

150 Ave. Carlos

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Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

Date

if any: Noma Pabon Ganzalez Participant's Name: Bo Coamo Amiba Carr 155 Participant's Address: Participant's Email Address: Mrma, Pabon 11 @gma. 1. Com Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: Nature of Claim: By: Signature borna Print Name Title (if Participant is not an individual)



Case:17-03283-LTS Doc#:17895-1 Filed:08/19/21 Entered:08/19/21 16:05:05 Desc: Pro se Notices of Participation Page 98 of 115

Participant must provide all of the information below in English:

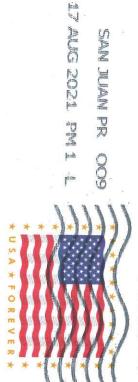
1.

Participant's contact information, including email address, and that of its counsel,

if any: Ternand Rivers Marrero Participant's Name: Participant's Address: Participant's Email Address: <u>Fivera per nando 511 @qmsil.</u> com Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim By: Signature Print Name Title (if Participant is not an individual)

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Case:17-03283-LTS Doc#:17895-1 Filed:08/19/21 Entered:08/19/21 16:05:05 Desc: Pro se Notices of Participation Page 100 of 115

Participant must provide all of the information below in English:

	1. Participant's contact information, including email address, and that of its counsel,			
	if any:	1-1-P 6060		
Particip	oant's Name:	Ovidio Perante Otero		
Particip	pant's Address:	127 Sendus Alto Las Hacandos Conoras Opesante Eguail-com	100 PR 00729	
Particip	oant's Email Address:	opesanteguail-com		
Name o	of Counsel:			
Addres	s of Counsel:			
Email A	Address of Counsel:	X I EL X MA		
	2. Participant's C	laim number and the nature of Participant's Claim:		
Claim 1	Number:	31431		
Nature	of Claim:	Refire		
By:	000	2	EC.	
	Signature	**************************************		
	Ovidio Tesant	· Och		
	Print Name		₹ 7 1	
	# 2 5 - 8	<u> </u>		
	Title (if Participant is	not an individual)		
	8 15/2021			
	Date			

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Case:17-03283-LTS Doc#:17895-1 Filed:08/19/21 Entered:08/19/21 16:05:05 Desc Pro se Notices of Participation Page 102 of 115

Participant must provide all of the information below in English:

Control of the Contro	contact information, including email address, and that of its counsel,
if any: Participant's Name:	Carmon J. Nicer Pursos
Participant's Address:	P. B. Box 1364 Aibonib P.P. 00705
Participant's Email Address:	Carmenalicen 546@gmail.com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	65340
Nature of Claim:	Public Employee Claim = = =
By: Signature	Jen Bya Strong
Print Name	Alice Burgar
Title (if Participant is	not an individual)
15 - 8 - 20 Date	

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Case:17-03283-LTS Doc#:17895-1 Filed:08/19/21 Entered:08/19/21 16:05:05 Desc: Pro se Notices of Participation Page 104 of 115

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:		
Participant's Name:	Maria de L. Maldonado Pag	an
Participant's Address:	38-4 Calle 36 Carolina, Ph	2 00985
Participant's Email Address:	10ur 1274 @ yahoo-con	
Name of Counsel:		, I d d , d
Address of Counsel:		
Email Address of Counsel:		
2. Participant's C	Claim number and the nature of Participa	nt's Claim:
Claim Number:	3283 OF 37344	
Nature of Claim:	Retired Employee System for	inds (413=846-87)
By: You Moldre	routing)	ANG I
Signature	1.101	SAN O
Maria de L- Male Print Name	Tonado Vagan	
Secretaria Aux d	el Tribunal	5
Title (if Participant is	not an individual)	
Details and the second of the	Medical and the second	
Date		

38-4 CALLE 36 **URB VILLA CAROLINA** CAROLINA PR 00985 MARIA DE LOURDES MALDONADO PAGAN

SOLUTION XI

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CLERK'S OFFICE **UNITED STATES DISTRICT COURT**

SAN JUAN PR 00918-1767 **#150 AVE. CARLOS CHARDON STE 150**



5 SAN HEAR PR COS Participant must provide all of the information below in English:

 Participant's contact information, including email address, and if any: 	that of it	s cou	nsel,
Participant's Name: $\frac{\sqrt{3}}{\sqrt{3}}$	1 010	חח	
Participant's Address: AC & box 6011 history	n 006		
Participant's Email Address: heshy 29@gnail.com			
Name of Counsel:			
Address of Counsel:			
Email Address of Counsel:			
2. Participant's Claim number and the nature of Participant's Cla			
Claim Number: 168025, 168026, 16802	, 1		
Nature of Claim:			
By: Signature Signature Dose Lago Cavo Print Name Title (if Participant is not an individual) Date	CLERK'S OFFICE U.S.DISTRICT COUP SAN JUAN, P.S.	2021 AUG 18 PM 3:	RECEIVED & FILE
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Khilistualidani-shiji:arPallidadilide@kate.ht RECEIVED Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

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	dred Co					_
Participant's Address:	Guilante	St. Shar	rnako	, P	R 0091	69
Participant's Email Address:	aukner	1359 @ gmai	il. co	m		
Name of Counsel:		0	"			_
Address of Counsel:		neteros k				
Email Address of Counsel:						_
2. Participant's Claim n	umber and the	nature of Participan	t's Clain	1:		
Claim Number:	4454					
Nature of Claim:	nsien / 1	Retiree	<u> </u>	202	200	
By: Mildud Calin Signature Mildred Colois	X		ENK'S OFFI	AUG 18 PM	EIVED & F	
Print Name	12 P 102		구옥류	3: 46	ED.	
Title (if Participant is not an OB/15/2021 Date	individual)					

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Case:17-03283-LTS Doc#:17895-1 Filed:08/19/21 Entered:08/19/21 16:05:05 Desc Pro se Notices of Participation Page 110 of 115

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	×	
Participant's Name:	Ana Rosa Cruz Cruz	
Participant's Address: C	alle Cojoba 2833 Los Carl	105, Parce P. R. 00714
Participant's Email Address:		A STATE OF THE STA
Name of Counsel:	NIA	
Address of Counsel:	NIA	
Email Address of Counsel:	NA	
2. Participant's (Claim number and the nature of Particip	pant's Claim:
Claim Number:	106617 et. al.	22 20
Nature of Claim:	Onpaid wages by	the governent of Purt
By: Am Rac Signature	a a	VED & PINCE OF TRICK'S
Ana Rusa Print Name	Cruz Cruz	3 46
Title (if Participant is	not an individual)	
August 14,2 Date	-02/	

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Ponce, Puerto Rico 00 716 Rosa Car Car 2833

San Juan Puerto Rico 00918-1767 Chardon Stc. 150

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Case:17-03283-LTS Doc#:17895-1 Filed:08/19/21 Entered:08/19/21 16:05:05 Desc Pro se Notices of Participation Page 112 of 115

Participant must provide all of the information below in English:

1. Participant's c if any:	contact information, including email addres	
Participant's Name:		derMAN
Participant's Address:	HC6 BOX 20-	76 Ponte PR.
Participant's Email Address:	M Swin dermon e	ARCSUN Frengy. Co
Name of Counsel:		
Address of Counsel:		
Email Address of Counsel:	2	N X
Claim Number: Nature of Claim:	Claim number and the nature of Participant NOVIBES	28 3 L 7 S
Claim Number: Nature of Claim: By: Signature		

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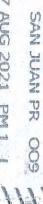
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Participant must provide all of the information below in English:

1.	Participant's contact information, including email address, and that of its counsel,
	if any:
Participant's 1	
Participant's	Address: $\frac{HC-01}{Rox} \frac{80x}{3705}$
Participant's	Email Address: 1vzleida 59 (a) 9 mail · com
Name of Cou	nsel:
Address of C	
Email Addres	ss of Counsel: ccordova (a) prostavet. com
2.	Participant's Claim number and the nature of Participant's Claim:
Claim Numb	NO 17 PK 2202-179
Nature of Cla By: Signa Print	of. Santing Jones
Title	(if Participant is not an individual)
Ag	105/0 02/21
Date	

Luz L. Santiago Torres Hcor-Box 3705 Guilartes adjuntas P.R. 00601

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OFFice_\$50 Ave. Oarlos Chardons

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